COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM VOLUNIEER REPORT. 15 PM 5: 09

	DEPARTMENT/CO	UKI INFORMATION:		
	Department/Court:		Public Safety G	iroup
	Division/Unit:	Office	of Disaster Pre	paredness
	VOLUNTEER PRO	GRAM BENEFITS:		
a.	GENERAL VOLUN intern, groups, corp	TEERS (this section sho porations, etc.)	uld include com	munity volunteer, studer
	Vo. Vol. 5	Hours 1683.	X \$16.05	= \$27,012.1
Туг	pes of work performe	ed by GENERAL VOLUN	TEERS in this o	category:
Re	source Manual, Dam	n Plans, County Plan		
b.	INSTITUTIONAL Vocamp inmates, PIC	OLUNTEERS (this section /RETC, GAIN, etc.) Hours 0	n should includ	
	camp inmates, PIC.	/RETC, GAIN, etc.)	X \$16.05	= \$0.00
	camp inmates, PIC. No. Vol. 0 Des of work performe SPECIALIZED VOL. Volunteers in positinattorney, physician, positions have verif	/RETC, GAIN, etc.) Hours 0	X \$16.05 OLUNTEERS in should include the should include to the should include the should be should include the should be	this category: utilization of Special tise levels, for example, alized have such a volunteer,
Тур	camp inmates, PIC. No. Vol. 0 Des of work performe SPECIALIZED VOL. Volunteers in positinattorney, physician, positions have verif	Hours 0 Hours 0 Hours 1 Hours 2 Hours 2 Hours 2 Hours 2 Hours 3 Hours 3 Hours 4 Hours 1 Hours 2 Hours 2 Hours 2 Hours 3 Hours 3 Hours 3 Hours 4 Hours 4 Hours 4 Hours 4 Hours 5 Hours 5 Hours 6 Hours 6 Hours 6 Hours 6 Hours 6 Hours 7 Hours 6 Hours 7 Hours 6 Hours 6 Hours 6 Hours 7 Hours 6 Hours 7 Hours 7 Hours 6 Hours 7 Hou	X \$16.05 OLUNTEERS in should include the should include to the should include the should be should include the should be	this category: utilization of Special tise levels, for example, alized have such a volunteer,
Тур	camp inmates, PIC. No. Vol. 0 Des of work performe SPECIALIZED VOL Volunteers in position attorney, physician, positions have verifully please indicate the	Hours 0 Hours 0 Hours 1 Hours 2 Hours 2 Hours 2 Hours 2 Hours 3 Hours 3 Hours 4 Hours 1 Hours 2 Hours 2 Hours 2 Hours 2 Hours 3 Hours 3 Hours 3 Hours 4 Hours 4 Hours 4 Hours 5 Hours 5 Hours 6 Hours 6 Hours 6 Hours 6 Hours 6 Hours 7 Hours 6 Hours 7 Hours 6 Hours 6 Hours 6 Hours 7 Hours 7 Hours 6 Hours 7 Hou	X \$16.05 OLUNTEERS in should include a lis and/or experies [VCL]. If you pensation level	this category: utilization of Special tise levels, for example, alized have such a volunteer, below.)

d. To	OTALS OF DEPAR	TMENT VOLUNTEER	S (from above):	
E CONCESSOR	No. of Volunteers	Hours	Dollar Benefit	gassaaa
accompany	4	1683.	\$27,012	190000000
escour.	0	0	\$0	opusitions
erent e	0	0	<u>\$0</u>	SCHOOLS STATE OF THE STATE OF T
то	TALS: 1	Total Hours	1683 Total Value	\$27,012
donat	tions section.	n a fair market value	each and add to the tota	
donat	ions section.		o each and add to the tota Value:	I value of the
donat	tions section. Donated: Donated:	,	o each and add to the tota Value: Value:	il value of the
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Item C	tions section. Donated: Donated:		Value:Value:Value:	il value of the
Item C Item C Item C	tions section. Donated: Donated:		Value: Value: Value: Value: Value:	I value of the
Item E Item E Item E V a.	tions section. Donated: Donated: Donated: Donated: OLUNTEER PROG	RAM COSTS:	Value: Value: Value: Value: Value:	\$0.00
Item Collection Collec	tions section. Donated: Donated: Donated: Donated: OLUNTEER PROG	RAM COSTS:	Value: Value: Value: Value: Value: Value: Value:	\$0.00
Item E Item E Item E Item E Item E Item E	consted: Conated: Conated: Conated: Conated: Conated: Colunter PROGRAM Cost of direct supervise hourly rate of state ours Cost of program coolste of coordinator[s]	ision of Volunteers (to ff person[s] directly su X Rate rdination (total hours of	Value: Value: Value: Value: Value: Value: Value:	\$0.00 ion multiplieders.) .00 ultiplied the heaff, compiling

	c.	Other program costs (training materials/supplies, recognition costs, etc.):					
		Item : Volunteer Travel Reimbursement	Cost: \$3,048.96				
		Item :	Cost:				
		Item :	Cost:				
		TOTAL OF OTHER PROGRAM COSTS =	\$3,048.96				
	d.	TOTAL OF PROGRAM COST (4a+4b+4c) =	\$3,048.96				
5.		NET BENEFIT TO DEPARTMENT FROM VOLUNT	TEER PROGRAM:				
	а	Total Dollar Benefits of Volunteers, Item 2d	\$27,012.15				
	b.	Total of Donations to Volunteer Program, Item 3	\$0.00				
	C.	Subtract Total of program Costs, Item 4d	\$3,048.96				
		TOTAL PROGRAM BENEFIT:	\$23,963.19				

Please desc	ribe your recruiting pr	ograms:		
Please desc	OLUNTEER PROGRA cribe any special active eriod of this report:	AM ACTIVITIES/AC	CHIEVEMEN ements you	NTS: r program was involved in
Please desc	R PROGRAM GOAL cribe your program go ognition and other go	als. Include activit	AR 2001-0: ies, number	2: of volunteers, recruitment,
GENERAL	INFORMATION:		gozzanduggyamenne ingirka i kersolg 333A 122 ratu	
Name of pe	rson completing repo	rt: <u>Richa</u>	d Gross	
Phone:	(858) 715-2208	_Mail Stop: <u>025</u>	E-Mail:	rgrossdp@co.san-diego.ca.u
Volunteer Coordinator:		Richard Gross		
Phone:	(858) 715-2208	Mail Stop: 025	E-Mail:	rgrossdp@co.san-diego.ca.u
DEPARTME	ENT CERTIFICATION	:		
	Willard C. Lewis		077	/09/02